

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Travis Nobles, DMH
Scribe: Evelyn Woodard
Date: 10/31/2007
Time: 10:30 – 11:30 AM
Location: Wycliff Room 429

IPRS Core Team Attendees:

Gary Imes
 x Thelma Hayter
 x Eric Johnson
 x Travis Nobles
 x Cheryl McQueen
 x Joyce Sims
 x Jamie Herubin
 x Mike Frost
 x Myran Harris

Others:

x Cathy Bennett
 x Sandy Flores
 x Paul Carr
 x Evelyn Woodard
 Chris Ferell
 x Rick Kretschmer
 Deborah LeBlanc
 Tim Sullivan

Attendees:

x Alamance-Caswell
 x Albemarle
 x Catawba
 x Centerpoint
 Crossroads
 x Cumberland
 x Durham
 x Eastpointe
 x ECBH
 Five – County MHA
 x Foothills
 Guilford

x Johnston
 x Mecklenburg
 x Onslow-Carteret
 x OPC
 x Pathways
 x Sandhills
 x SE Center
 SE Regional
 Smoky Mountain
 x The Beacon Center
 x Wake
 x Western Highlands

Attendees:

Item No. Topics

1. Roll call
2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which “area program” you are from when you speak. **Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3. Upcoming Checkwrites (cut-off dates) – Nov. 1, 8, 15
4. Agenda items
 - **Timely Filing Cutoff - Extended**
 - **FARO 11/5-11/7 – No Core Team Call next week!**
 - Beta Test (NPI) Requirements Review
 - 100 records/LME/submission; Format test; full cycle run, 835
 - **Update scheduled termination: TBD**
 - IPRS Questions or Concerns
 - MMIS Updates – Chris Ferrell
5. DMH and/or EDS concluding remarks.
 - a. For **North Carolina Medicaid** claim questions / inquiries, please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
 - i. Physician phone analyst (i.e. Independent mental Health Providers – 4706
 - ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) – 4704
6. Roll Call Updates

Next Meeting: November 14, 2007

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.

Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355

M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.qanda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	Upcoming Checkwrites (cut-off dates) Nov. 1, 8, 15
4.	<p><u>Agenda items</u></p> <ul style="list-style-type: none"> <p><u>Upcoming Checkwrite (cutoff dates) – November 1, 8, 15</u></p> <p>Travis (DMH) – Good morning. As you know last week we had a checkwrite. Also, we have a checkwrite coming up tomorrow. Are there any questions concerning last week's checkwrite?</p> <p>Q: Terry (Eastpointe) - As far as the checkwrite last week, we had right many recoupments for services we had been paid for back in June and July and now they paid again in this checkwrite.</p> <p>A: Cheryl (DMH) – My guess is that we had a number of claims in the first checkwrite for July that paid out of substance abuse funds that should not have and we were finishing cleaning those up in this last checkwrite for October. My guess is that's what it was. So, we recouped the money and put it back into the substance abuse funds and then paid it out of the funds that it should have come out of.</p> <p>A: Terry (Eastpointe) – Ok. One of my staff members voiced concerns about having to go into the ledger and make payments again and then make recoupments again. That's why I was questioning this.</p> <p>A: Cheryl (DMH) – If you want to double check, what you can do is take the original claim that was recouped (you should have that ICN number beginning with '25' somewhere either on your RA or your 835) and go to report IPDR3831. It will show you if it paid out of the substance abuse funds or not.</p> <p>A: Terry (Eastpointe) – All of those that were recouped were in CMMED pop groups if this helps you with anything. They were in substance abuse.</p> <p>A: Cheryl (DMH) – Right. If you want to send me a couple, I will look at these for you. I'm guessing what happened is that the first checkwrite of the fiscal year, the budget criteria was setup incorrectly, so the CMMED claims paid out of substance abuse funds when they should not have. So we adjusted those claims and put the money back into the substance abuse funds and then took the funds out of the mental health account.</p> <p>Q: Janet (Johnston) – I emailed IPRS Q&A Monday in reference to a question regarding crisis funds and I was wondering if you had a chance yet to look at this question.</p> <p>A: Cheryl (DMH) – I started looking at this question, but did not get very far. Travis may have looked at this question, too.</p>

	<p>A: Travis (DMH) – Yes, and I was wondering if that was related to the seven that we talked about earlier that received EOB 8599, because she had received an EOB 8599 for Benefit package.</p> <p>A: Janet (Johnston) - No, these are ones that paid.</p> <p>A: Cheryl (DMH) - But looked like they should have paid out of crisis funds. No I started looking at these, but have not finished. We are looking at this for you.</p> <p>A: Janet (Johnston) – ok. We were trying to figure out why we were not showing any crisis money and we look at those. It appears that they were paying out of the regular target pop groups instead of crisis funds. Those services that we submitted were services you don't have to enroll them into a crisis pop group. It's those designated services and it is supposed to automatically see that code and pay out of the crisis fund automatically versus the regular target pop groups.</p> <p>A: Cheryl (DMH) – Yes. I will let you know what I have found.</p> <ul style="list-style-type: none"> • <u>Timely Filing Cutoff - Extended</u> Cheryl (DMH) – Timely filing has been extended to the last check-write in November. The reason that this was done was because it had taken so long for the budgets to be finalized and put into NCAS. This process has occurred. So for this week's checkwrite the budgets will be actually coming out of NCAS. If you have not received your allocation letter from the State, you should be receiving it in the next couple of days. The Budget office, knowing that it did take so long to get the actual budgets into NCAS, decided to extend timely filing up to the last checkwrite in November. So you will have until the cut-off of November 15, 2007 to get your claims in for the last fiscal year. • <u>FARO 11/5-11/7 – No Core Team Call Next Week!</u> Travis (DMH) – We have a FARO conference next week (Monday – Wednesday). There will be no Core Team Call next week. Also, November 21, 2007, there will be no Core Team Call that week either as that is leading into the Thanksgiving holiday. • <u>Beta Test (NPI) Requirements Review</u> Travis (DMH) – It is my understanding that no new beta tests were received. We are encouraging everyone who has not done so to get this process going, please. Are there any questions regarding NPI? <p>Q: Kelly (Durham) – I have a question relating to NPI. I understand that we are going to start submitting NPI starting the first check-write in January 2008, correct?</p> <p>A: Cheryl (DMH) – You will be able to, yes.</p> <p>Q: Kelly (Durham) – ok, so we do not have too, correct?</p> <p>A: Cheryl (DMH) – You do not have to, no.</p> <p>A: Kelly (Durham) – ok. So that was my question because we saw that a lot of the providers have not updated their information, so we are not going to make them do this, because Medicaid is not making them do it.</p> <p>A: Cheryl (DMH) – Right, we're just putting it out there so that anytime between January and May, you all can start submitting NPIs. You are free to implement and we are giving you this time so that you can work out the kinks before May when you would only have a month before the end of the fiscal year to get your kinks worked out.</p> <p>A: Kelly (Durham) – Great! I just wanted clarification.</p>
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Q: Jeanna (Catawba) – We have some providers who are doing only services therefore they are choosing not to get NPI. Is this going to create a problem in January when the mandate goes into affect? Are we needing to set them up as Atypical?

A: Cheryl (DMH) – If they are providing healthcare services they must have an NPI. So yes, it will cause problems on the Medicaid side as well as the IPRS side.

Q: Kelly (Durham) – Was there any resolution to the therapeutic foster care home and any direction from State as far as if they need to obtain a NPI number? We have tried to tell our providers they have to, but for some reason there seems to be this message out there that unless you're billing Medicaid, you don't have to get a NPI number.

A: Thelma (DMH) – That is incorrect.

Q: Kelly (Durham) – Yes, I understand that. That's what I've been telling them, but some of them are still resisting because they are confused that if they get one, will they need to get for the hundred they may have?

Q: Thelma (DMH) – I think the issue is that therapeutic foster care as you know is still billed by the LME because it is not a direct enrolled service yet. Is that right?

A: Kelly (Durham) – Correct.

Q: Thelma (DMH) – So, I think the issue comes in if the agency needs to get the NPI number or if the foster home has to enroll directly and if they do they will need to get a NPI number. But I have not heard that Medicaid has made a decision as to when therapeutic foster care providers have to be direct enrolled. Has any else heard that? So at this point the agency that has the foster care home will need to get the NPI number, but not the individual home themselves at this point. Does this clarify what you are asking?

A: Kelly (Durham) – Yes, that's what I'm pretty much what I've been directing them.

A: Thelma (DMH) – We will try to find out when they will have to be direct enrolled, but I have not heard this to come up in discussions in the last few months. I am not sure when this will be happening.

A: Kelly (Durham) – I honestly believe this will be happening after July 1st, just based on the TAC Committee meeting we had and that's what they think.

A: Thelma (DMH) – And at that point then if the individual foster care home has to enroll in Medicaid, then they would need to get a NPI number.

Q: Jeanna (Catawba) – On the subject of NPI, most of the workshops that were given, were given from a Medicaid billing perspective. So I am wondering if a statement that came from the IPRS Division saying that NPI applies to State-funded only services, that we could then turn around and share with our provider. This might help facilitate NPI in that area.

A: Tom (WH) – Jeanna, I agree with that, because there is nothing substantial I can rely on when telling a provider whether their services are typical or atypical and as long as we leave that up to their interpretation, we are going to have some major differences across the State on individual services of whether they're typical or atypical.

A: Thelma (DMH) – Tom we will take this issue back to our Divisional workgroup. My guess is that they are going to say that the individual provider needs to read the White Paper or the definition and decide if they are typical or atypical provider and all that we've said is that if you are providing healthcare services as an individual, then you would need to have an NPI number. How you get that number within that organization is up to the organization. I think the only thing we said so far is respite is the only thing that is not considered healthcare, but we will ask to be sure.

A: Tom (WH) – I’ve found that the White Papers or WEDI report, does not make a firm stance one way or another. There are some services that the White Papers or WEDI report doesn’t make a stance, it’s very gray and leaves the interpretation up to us whether it is or isn’t.

A: Cheryl (DMH) – I doubt that the Division will make that stance either. I think they are going to rely on the provider to make that decision as to whether they feel that the service they’re providing is healthcare services or not.

A: Tom (WH) – But I think without that then we are going to be differences among providers.

A: Thelma (DMH) – Well, we will ask them regarding this.

Q: Jeanna (Catawba) – So when we send in a claim and it’s any State-funded service except respite, then you are going to look for a NPI and if the NPI is not found, then deny the claim. Is that correct?

A: Cheryl (DMH) – No. We are going to look at the provider that’s on the claim, and if you had set up that provider up as typical, then we are going to expect there is an NPI on that claim. If had set up that provider as atypical then we are going to expect there is a legacy number on that claim. We are not going to cross-walk service to NPI in anyway at all. So if you have one provider who provides service xyz and he decides it’s not a healthcare service then he’s not going to get an NPI. Then you have another provider that provides xyz service and he says ‘you know what, I think this is healthcare service’, and he gets an NPI, then those two providers can be set up differently and report that same service. We will not say this is xyz and we are expecting an NPI or this is service xyz and we are expecting a legacy number. This information is on the IPRS website.

Q: Tom (WH) – I think it would be very helpful, if the Division was able to offer specific guidelines as to what they consider is a healthcare service. So this gives the LME something to support advising the provider on the appropriateness of billing with an NPI rather than having to rely on the White Papers or the WEDI report which is not a policy by the Division. It is an independent report that is making recommendations.

A: Cheryl (DMH) – Tom, as Thelma has stated, we will take this to the Divisional Workgroup, but I have a feeling that they will just refer you back to the definition of healthcare services that exists in the Federal Policy and in the WEDI papers.

A: Thelma (DMH) – We will ask and tell them you all want some type of documentation for your providers in getting a NPI number.

Q: Jeanna (Catawba) – If a lot of the IPRS providers who are doing early State funding choose not to get a NPI, they choose to define themselves as atypical. Is there a possibility that down the road somebody is going to look at this information and say ‘you know, this isn’t right’, and then force us to do that?

A: Cheryl (DMH) – There is the possibility that a provider could be audited and it could be determined that the services he is providing is a healthcare service and he would be required to get a NPI number. Yes, but that auditing will not come from the Division, but at the Federal level, yes.

Q: Sharon (WH) – According to the Medicaid Bulletin that went out in September, regarding the numeration. It says Medicaid strongly recommends that providers obtain a NPI for each Medicaid provider number used today. What number is that? Is it the 34049xx number or the core number or the service level number?

A: Cheryl (DMH) – Yes to all of the above. It is saying that for any Medicaid number you have, they recommend that you get a separate NPI.

A: Sharon (WH) – ok. If someone has been direct enrolled, their core numbers and service level numbers?

A: Cheryl (DMH) – Right, so for an LME who has been endorsed, they would be recommending that you get a NPI number for your 34049xx number, a NPI for your 830XXX number, and NPI for every alpha suffix that you have, a NPI for your Multi-specialty group number you have, and a NPI for the physician group number you have. They're not requiring you to do this, but recommending you to do this.

Q: Terry (Eastpointe) – We got a lot of services because of Retro-Medicaid and I'm referring to the H codes and Evaluation and Management codes. They are getting recouped and then we are not billing them back to Medicaid, but in the next check-write, we are getting paid for these in Medicaid. Are you all sending these services directly to Medicaid when you are recouping these from IPRS?

A: Cheryl (DMH) – Yes, if it not an OBH code and it not an endorsed service. Yes we automatically send these to Medicaid.

A: Terry (Eastpointe) – On the Evaluation and Management codes, are these direct enrolled services? I was thinking they were not, but we got a provider or two that are billing these directly to Medicaid and getting paid.

A: Cheryl (DMH) – I don't think that the E and M are, No. If they are direct enrolled providers they can submit those codes to Medicaid, however those are not required for the LME to submit for the providers.

Q: Terry (Eastpointe) – I am just a little confused because we were required of the providers anything that they could bill directly, they could bill directly. So, I do not know what to tell them whether if they can bill directly and get paid is what you are saying?

A: Cheryl (DMH) – Let us check into this and get back with you next week on this. If you could get some examples from a provider who is getting paid for it, I would like to take a look at those.

A: Terry (Eastpointe) - Ok.

- IPRS Questions or Concerns

Travis (DMH) – Are there any IPRS questions or concerns?

Q: Tom (WH) – The new telepsychiatry Q3014 is the facility fee reimbursement code. I needing some guidance on whether that is a one time fee per day or if I can get reimbursed for each individual consumer per day. So if I have five consumers that walk thru the telepsychiatry room in one day, I can bill these five separate times?

A: Cheryl (DMH) – It is per client per day.

- Medicaid Questions or Concerns

Travis (DMH) – Are there any Medicaid questions or concerns?

Q: Pam (Sandhills) – I've had some providers call in and question the targeted case management rate that cannot be found on the website. I went out there and looked, and I can no longer find this rate, also.

Q: Cheryl (DMH) – That was for Medicaid?

A: Pam (Sandhills) – Yes, targeted case management T1017 (HI).

A: Cheryl (DMH) – We will take a look at this and send you an email when we find it.

	<ul style="list-style-type: none"> MMIS Updates Myran Harris (EDS) – Chris Ferrell instructed me to communicate that for all of the Community Support Providers to please read your November 2007 General Medicaid Bulletin for updates. Thelma (DMH) – Please pass this on to your Community Support Providers. Q: Tom (WH) – Will this include the modifiers? A: Cheryl (DMH) – Yes, all of them. The legislature has requested that Medicaid keep track of whether the Community Support services are being provided by professionals or paraprofessionals. So Medicaid is adding two new modifiers that have to be reported on those claims, U3 – professional and U4 – paraprofessional and that would come in as the secondary modifier position. So you would have the H0036 (HA:U3) or H0036 (HA:U4) and the U3 or U4 will indicate whether the provider is professional or paraprofessional. At this point, there will not be a difference in the rates being paid. It is merely for tracking what type of provider is providing that service, whether they are professional or paraprofessional. Also, we are incorporating those same changes into IPRS. It is for all of the H0036 modifiers, HA, HB, and HQ. Q: Terry (Eastpointe) – So even group is included in that? A: Cheryl (DMH) – Yes. Q: Kelly (Durham) – I am confused because I thought they were going to print this out with a commenting period and allow people to comment? A: Thelma (DMH) – I think this is required by legislation. Q: Kelly (Durham) – The effective date is going to be December 1, 2007, right? A: Cheryl (DMH) – Yes. Q: Tom (WH) – What's out there for commenting is Community Support clinical coverage policy service definitions. They made a number of changes and that is open to comments until November 11, 2007. A: Cheryl (DMH) – Yes, that is out there for comments. A: Tom (WH) – And there is a statement they've included regarding provider modifiers. A: Cheryl (DMH) – Yes, those are posted out there and are able to be commented on. Q: Thelma (DMH) – Tom, isn't it on the DMH website as well as the DMA website? Do you remember? A: Tom (WH) – No, I don't exactly. A: Thelma (DMH) – ok. Then we will look into this and let you know for sure. Q: Tom (WH) – When you say that's effective December 1, 2007 do you mean dates of service December 1, 2007? A: Cheryl (DMH) – That I do not remember. Q: Kelly (Durham) – Will the claims still be able to be filed with just HA or just HB? A: Cheryl (DMH) – No. Q: Kelly (Durham) – I believe this was a concern, because this does not give providers much time or LME's much time to change our system and change the edits in our system that are going to require these new codes. That's why I thought this was going to be delayed because it goes back to that TACK(?is this the correct acronym?) meeting where all of the providers were saying 'would there be enough time if implementation would be December 1, 2007'? A: Thelma (DMH) – We do not have the bulletin in front of us to answer your questions. We can check into this for you next week. A: Cheryl (DMH) – All that we heard is that the effective date will be December 1, 2007, but we do not know if this is for date of service or date of processing. We do not know if this has changed nor have we heard that this has changed.
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	<p>Q: Terry (Eastpointe) – Is there going to be enough spaces for H0036 (HA:U3)? A: Cheryl (DMH) – Yes, on the 837 layout there is room for up to four modifiers. So you're just going to be using the first two. Q: Terry (Eastpointe) – What date did you say this was going into effect? A: Cheryl (DMH) – It is effective December 1, 2007. We are not sure if that's date of service effective December 1, 2007 or date of processing December 1, 2007. We will research this for you and get back to you regarding that.</p> <p>DMH and/or EDS Concluding Remarks:</p> <p>For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.</p> <ul style="list-style-type: none">○ Physician phone analyst (i.e. Independent Mental Health Providers)-4706○ Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707 <p>Roll Call Updates</p>